STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15G238	A. BUILDING 00 B. WING	01/15/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OCCAZIO INC	1803 RILEY RD NEW CASTLE, IN 47362

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
W0000	This visit was for a fundamental annual recertification and state licensure survey. Dates of Survey: January 8, 9, 10, 14 and 15, 2013 Facility number: 000761 Provider number: 15G238 AIM number: 100234630 Surveyor: Kathy Wanner, Medical Surveyor III. The following federal deficiency also reflects a state finding in accordance with 460 IAC 9. Quality Review was completed on 1/17/13 by Tim Shebel, Medical Surveyor III.	W0000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determined that other safegaurds provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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W0153	483.420(d)(2) STAFF TREATMENT OF CLIENTS The facility must ensure that all allegations of mistreatment, neglect or abuse, as well as injuries of unknown source, are reported immediately to the administrator or to other officials in accordance with State law through established procedures. Based on record review and interview, the facility failed to immediately report 2 incidents of peer to peer aggression which resulted in injury for 1 of 4 sampled clients (client #1) and for 1 of 4 additional clients (client #6) to the Bureau of Developmental Disabilities Services (BDDS) and to other officials in accordance with State law through established procedures. Findings include: Facility records were reviewed on 1/8/13 at 2:01 P.M. including the BDDS reports for the time period between 1/8/12 and 1/8/13 and the General Event Reports (GER) for the past six months. The reports indicated the following: A GER dated 9/13/12 at 4:15 P.M. indicated client #1 "Had boarded the van from home to go on transport." Staff discovered a "6 cm x 2 cm (six centimeter by two centimeter) red scratch on (client #1's) upper right arm." The cause for injury was indicated as "another peer (sic)	W0153	**W 153 Staff Treatment of Clients** The facility must ensure that all allegations of mistreatment, neglect or abuse, as well as injuries of unknown source, are reported immediately to the administrator or to other officials in accordance with State law through established procedures. **1. What corrective action will be accomplished?** · All incidents of peer to peer aggression will be reported to BDDS and other officials in accordance with State law through established procedures. · All incidents of peer to peer aggression will be investigated by the Residential Coordinator. · The need to report and investigate all peer to peer incidents will be reviewed with the Residential Coordinator by 2-14-13.	02/14/2013

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	behavior." There was no investigative documentation available for review. There was no BDDS report available for review for this incident. A GER dated 10/29/12 at 6:15 P.M. indicated client #6 "Was just dancing with some other clients at a Halloween party, while dancing, another client came up and pinched him (client #6) in the right arm." The GER indicated client #6 had a "2 cm x 2 cm (two centimeter by two centimeter) bruise on his right arm." There was no investigative documentation available for review. There was no BDDS report available for review for this incident. The Qualified Mental Retardation Professional (QMRP) was interviewed on 1/8/13 at 2:52 P.M.. The QMRP stated, "No, these reports (GERs) were not reported to the state (BDDS)." The Program Specialist (PS) was interviewed on 1/8/13 at 2:39 P.M.. The PS stated, "No (some providers) report all peer to peer aggressions, but with the change in the BDDS reporting guidelines we do not report peer to peer aggression unless there is a significant injury." 9-3-2(a)		**2. How will we identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?** · All residents have the potential to be affected by the same deficient practice. · All incidents of peer to peer aggression will be reported to BDDS and other officials in accordance with State law through established procedures. · All incidents of peer to peer aggression will be investigated by the Residential Coordinator. · The need to report and investigate all peer to peer incidents will be reviewed with the Residential Coordinator by 2-14-13. **1.What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur?** · All incidents of peer to peer aggression will be reported to BDDS and other officials in accordance with State law through established procedures.	

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			· All incidents of peer to peer aggression will be investigated by the Residential Coordinator. · The need to report and investigate all peer to peer incidents will be reviewed with the Residential Coordinator by 2-14-13. **1.How will the corrective action be monitored to ensure the deficient practice will not recur?** · The RC will monitor on a regular basis daily when in the home. · The Program Specialist will monitor as she completes her audits. **1.What is the date by which the systemic changes will be completed?** · February 14 th , 2013	